V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	4	_		82·a	
County	St Marys			Registration Dist. No. 2	2-1
The other party and	City Great /	nills e death occurred	1 .	No.  Sideath occurred in a hospital or institution, give its NAME instead of stree  Solution of the street of the	
2. FULL N	AME Harry	Benedie	fase	If U. S. Veteran, specify WAR.	
(a) Reside	ence: No.	(Usual place of a	bode)	St., Ward. (1) If nonresident give city or tow	n and State
PERSO	NAL AND STATIS	TICAL PARTICL	JLARS	MEDICAL CERTIFICATE OF DEAT	гн
3. SEX male	4. COLOR OR RACE	5. SINGLE, MARRIEI OR DIVORCED (2		21. DATE OF DEATH  (Month)  (Day)	, 193 (Yaer)
5a. If marriad, wide HUSBAND of (or) WIFE of	owed, or divorced			22. OHEREBY CERTIFY Thet I ett.	anded deceased from
	(month, day, end year) ears Months		If LESS than I day, hrs.	to have occurred on the date stated above, at 5.2.4.m.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:	Z.Z.; daath is sald
9. Industry of work w SAW N 10. Dete decethis oci	fession, or particuler i work done, as SPINNER, R, BOOKKEPER, etc r business in which ves done, es SILK MILL, IILL, BANK, etc ased last worked et cupation (month and	11. Total time spant ir occupet	(years) 1 this ion	Other Contributory Causes of importance:	10/11/37
12. BIRTHPLACE ( (Stata or co		* mills			
13. NAME	Harry Bo	Ebelly			
4 14. BIRTHPLA	CE (city or town)	mandown	— —	Name of operation Dat What tast confirmed diagnosis? Wes tha	
	CE (city or town) - Log or country)	thering of	uy	23. If death was due to external causes (VIOLENCE) fill in elso the fo	Howing:, 19
17. iNFORMANT(Address)	Harry B	abell		(Specify city or town, county a Specify whether injury occurred in INDUSTRY, In HOME, or in PUBL	nd State) LIC PLACE.
18. BURIAL, CREM	ATION, OR REMOVAL	teropte Oc	£ 11,1977	Menner of injury	
19. UNDERTAKER (Address)	Great mi	abell also	10-	24. Was disease or injury in any way releted to occupation of decease  If so, specify  (Signed)	ed?M. I
20. FILED	CA.4., 1937(	Loca	Registrar.	(Address) Great mills, med	The state of the s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 21016 C 1005	1915	Attack of epilepsy	1 wcek ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
And the standard country of the standard country of the standard country of	. V.			
Other contributory causes of importance:		Other contributory causes of importance:	172 12	
Gallstones	May 1,1923	Gastroenteritis	1 year	

193 (Year)

Date of onset

# STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

OCCUPA-1. PLACE OF DEATH should item of County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long In U.S. If of foreign birth?\_\_\_\_\_yrs.\_\_\_\_ statement PHYSICIAN 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS REC 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word) PERMANENT classified 5a. If married, widowed, or divorced AUSBAND of 22. certificate. 6. DATE OF BIRTH (month, day, end year) properly 7. AGE Days If LESS than Months to have occurred on the date stated above, at, 1 day,\_\_\_\_hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance IS or--- min. were as follows: 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ THIS CUPATION back may 9. Mdustry or business in which pluods work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ 10. Date deceased last worked at 11. Total time (years) this occupetion (month and spent In this that occupation \_. instructions Other Contributory Causes of Importance: 80 12. BIRTHPLACE (city or town) (Stete or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) ----- Was there an autopsy?\_ carefully What test confirmed diegnosis?\_ MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: in Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19 DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_ mation should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT \_ OF (Address) 18. BURIAL, CREMATION, OR REMOV. Manner of Injury -WRITE CAUSE Date. Nature of injury\_ LION 24. Wes disease or injury in any wey releted to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED JUL 193 ) Registrar.

BINDING

FOR

MARGIN RESERVED

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Chronic interstitial nephritis 5 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
U.V.			301115	
and the second	ACTION IN			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(RIGO)
County Al Mares	Registration Dist. No. 28
Village or City I maran	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of atreet and number)  sds. How long In U.S. If of foreign birth?yrsmosds.
Length of residence in city of town where death occurred 7	Anal
2. FULL NAME Suffer I slave	VII U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("alyine the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	policet
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
0	100 A 0 10 10 19 19 19
5. DATE OF BIRTH (month, day, and year) Yau, 23, 1923	t last saw h ; death is seld
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date steted above, at
74 8 // ormin.	We're as follows: A O // Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Thereing (Mille outer)
SAWYER, BOOKKEEPER, etc.	2 Comment of the second
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at  11. Totel time (years)	The state of the s
10. Date deceased last worked at this occupation (month end year) byar)	
Day of	Other Coatributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	The Dame of the sine
	(6)49000000
m-1	Date of
(State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide:  Date of injury 07 5 193 7
16. BIRTHPLACE (city or town)	Where did injury occur? W. Alorear flow ned
Dea Coul	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
17, INFORMANT (Address)	Itali Rood
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury seese in I freuel put
Place 1 - 11 - 12 - 12 - 13 - 19 - 3	Nature of injury resked that roblemen
Gozer G Miatt	24. Was disease or injury in any way related to occupation of deceased? #
19. UNDERTAKER (Address) PODE Q Address	If so, specify the Can a named hill;
(mulicos)	(Signed) Carle a Carrel M.D.
20. FILED 7 6 , 19 7 Co Co Registrar.	(Address) Alexaed tou
Kegisirar.	1,

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.—WRITE PLANLY, WITH UNFADING INK—THIS IS A PERMANENT REC

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

RD. Every item of infor-

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Control of the Contro			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:	

V. S. No. 1

1. PLACE OF DEATH	(23)
County 31 Mary p.	Registration Dist. No. 284
Village or City Mechaeucs orela	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?yrsmos,ds,
MI C B	
$n_i = n_i = n_i$	J. U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	SK, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Och 3 193.7 (Month) (Day) (Year)
ie. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Jan 3. Burnoughs	1 HEREBY CERTIFY, That I attended deceased from
PATE OF BIRTH (mostly day and may 2010 - 12 / 1871)	, 19 37, to 8 37, 19 37, I last saw h. 19 37; daath is seld
6. DATE OF BIRTH (month, day, end yaar) // Orch 2/-/ 9/4 7. AGE Yaers   Months   Days   If LESS than	to have occurred on the date stated above, at 22.6 P. m.
63 6 17 1 day,	The PRINCIPAL CAUSE OF DEATH and ralatad causas of Importance
	were as follows. Date of onset
8. I rade, profession, or pericular kind of work dona, as SPINNER. Reft own Louis SAWYER, BOOKKEEPER, etc.	Correce insuffamores
9. Industry or business in which work wes done, as SILK MILL	1 961 -7
SAW MILL, BANK, etc. 4 Mo. 640  10. Date deceased lest worked at 11. Total time (years)	0 ), 0
this occupation (month and spent In this occupation	
Prince the	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Velas Tradespera
13. NAME was a Hancock.	
14. BIRTHPLACE (city or town) 921 d	Name of operation Dete of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sayal. E. Solhopu	23. If death was due to external couses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT Ages Bureagli	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place QUE 77 auch Date WCL 70 , 193 7	Nature of injury
19. UNDERTAKER E. R. Lowbor	24. Was disease or injury in any way related to occupation of deceased?
(Address) Messervelle	If so, specify
20. FILED DOLZ, 1937 June Wochman	(Signed) & ever & Jackson M. D.
Registrar.	(Addrass)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
I MIKEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

IS A PERMANEN	stated EXACTL	properly classified.	certificate.
HIS	be	pe	Jo
© PLATA, WITH UNFADING INK-THIS IS A PERMANEN	should be carefully supplied. AGE should be stated EXACTL	3 OF DEATH in plain terms, so that it may be properly classified.	is very important. See instructions on back of certificate.
PL	oulc	FI	ery
1	Sh	0	203

N. B.-WR

V. S. No. 1

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Exact statement of OCCUPA-

STATE OF	MARYLAND—CERTIFICATE OF DEATH	

1. PLACE OF DEATH			34	
County St Manys			Registration Dist. No. 28/	
Village or City A Truga	L		No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of rasidenca In city or town whara d	eath occurred_2	(1f yrs2mos	death occurred in a hospital or institution, give its NAME instead of street and included. How long in U.S. if of foreign birth?	number) nosds.
2. FULL NAME Many Se	neview	Bus	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place o	7 1 1 1	St., Ward.	10
PERSONAL AND STATISTI			If nonresident give city or town an MEDICAL CERTIFICATE OF DEATH	d State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED,	21. DATE OF DEATH Det 18	193 7
5a. If marriad, widowed, or divorced	man	red	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of W	Bush		22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year)	ex-17,19	13	I last saw here aliva on Det 26, 1937	
7. AGE Yaars Months	Days	If LESS than	to have occurred on the data stated above, at 2.30 fs.m.	
24 2	11	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raiatad causes of Importanca were as follows:	Data of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	11. Total tir span span occup		Other Contributory Causes of Importance:	June 1937
	14-		Typhilis	unknow
14. BIRTHPLACE (city or town)	rigus		Name of operation Date of	
(State of country)	nd		What test confirmed diagnosis? Was there an	autopsy?
15. MAIOEN NAME Julia  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	Bush med		23. If death was due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide? Data of Injury  Where did Injury occur?(Specify city or town, county and State of Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	, 19
18. BURIAL, CREMATION, OR REMOVAL Place As Deline Committee	7 Data De	129,1937	Manner of injury	
19. UNDERTAKER & Autin (Address) Sameron	nd		24. Was disease or injury in any way related to occupation of deceased?  If so, specify	
20. FILED Oct 28, 1937.	Py Bran	Registrar.	(Signad) Address) Great mills and	M. D.

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li li	Example II		
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July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11170
County SI mary	Registration Dist. No. 28/
Village or City Barchaelle	NoSt.,Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Janus Francis 4	Butley
(a) Residence: No. Berchile.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MW M Orrivo	22. I HEREBY CERTIFY. That I attended deceased from  O(1) 29  193  193
6. DATE OF BIRTH (month, day, and year) Ret 21. 1937	1 last saw hale alive on Our Sq 193); death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Premalue Bert.
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Boshiele (State or country)	Other Contributory Causes of importance:
	B
14. BIRTHPLACE (čity or town)	Name of operation Date of What test confirmed diagnosis? Was there an autonsy?
IS. MAIDEN NAME Bedlini Bullin	What test confirmed diagnosis?
15. MAIDEN NAME Bellin Bellin  16. BIRTHPLACE (city or town) Beach  (State or country)	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
17. INFORMANT Columnia Bella !  (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St Vier Ceny Date Oct (36,19)	Nature of injury
19. UNDERTAKER Column Buler (Address) Subule.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Ce 1 30, 1937 Johnson Registrar.	(Signed) M. D.  (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- page 194	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 8 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PHOFAU V. D	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1	-1	1	A	3
1	1	1	4	3

7 t 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	- FI
	County St. Mary	Registration Dist. No. 287
	Village or City Opted catour	No. St. Ward
	CHI CHI	death occurred in a hospital or institution, give its NAME instead of street and number)
NS NNS ent	Length of residence in city or town where death occurred yrsmos	ds. How long In U.S. If of foreign birth?yrsmosds.
Every CIANS ement	2. FULL NAME! / Lystel ( ) Car	Ulf U.S. Veteran specify WAR
RD. Every YSICIANS statement	(a) Residence: No. A Property de la	/ St., Ward.
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
PH PH	3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
	OR DAVORCED (write the mord)	a. Date of Death Och, 5- 193 7
ING NENT CTLY iffed.	5a. If married, widowed, or divorced	(Month) (Day) (Yepr)
IDING MANEN A C T I	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That lattended decoased from
BINDIN PERMANI EXACT Iy classificate.		, J9, to, 19
BINI PERM EX/ Ily clas	6. DATE OF BIRTH (month, day, and year) Cuq, 19, 19/6	I last saw h side on
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
FOR IS A I stated properl	2) / // ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
***	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER ROCKEFEER att.	B-10-1
VE TH	9. Industry or business in which	July 1893 / Youlled -
VK-T Should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	19) ray cushea -
INK INK S sho t it )	0 10. Date deceased last worked at 11. Total time (years)	
RESERVED NG INK—THIS AGE should be that it may be ons on back of	this occupation (month end spant in this occupation corupation	Other Contributary Causea of Importance:
ARGIN RE NFADING plied. AGI erms, so tha	12. BIRTHPLACE (city or town)	Other Calabates, Casas of Importance.
MARGIN UNFADII supplied. n terms, so	(State or country)	Juffocalem
MARGI UNFA: supplied n terms, ee instru	13. NAME Sec. Ware	
MA H U sup in t	13. NAME Seo. Warel  14. BIRTHPLACE (city or town) 200	Neme of operation Date of
WITH stully stully stully stully stully stully stully nt. See	(State of coding)	Whet test confirmed diagnosis? Was there en eutopsy? The
Y, WITH carefully CH in pla ortant.	15. MAIDEN NAME, Transes Durin	23. If death was due to external causes (VIOL ENCE) fill in also the following:
INLY, W be carefu EATH in	[5] 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide Date of injury 15, 19.3.7.
INLY be ca EATH impor	(State or pountry)	Where did injury occur? Specify city or town, county and State)
	17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
E PLA should OF D	(Address) (Address) (18. BURIAL, CREMATION, OR REMOVAL	Course in O Snoull put
	Place M. Weller Date Oct. 6, 1937	Nature of injury Lesson bod by Reg 5
-WRITE mation sl CAUSE TION is	9, De la 0100 - 0	400
C. C.	19. UNDERTAKER (Address)	24. Was disease or equity in any wey related to occupetion of degrased?
N. B.— m T	10/16/27/00000000000000000000000000000000000	(Signed) Tracel (U. Camalein D
» z	20. FILED. 7 , 19 Registrar.	(Address) & falled boun the

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows:  Atteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 3 1931	July 5, 1927	Peritonitis	3 days ago
RIREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

, 1937

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 11144
THE OF DEATH	
County St. Merry	Pagintralian Dist. 41
Village or City Lewheretown - Vnd -	Registration Dist. No. 182
	Off death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Squah ane Comes	elymosds.
(a) Residence: No. Leanardlauw Md	/o <sub>4</sub>
(Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sex 16
5a. If married widowed or divorced HUSBAND of C	(Month) (Day) (Year)
(or) WIFE of James Connelly, -	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,	I last sew h. A. alive on Oct / 6 ,1937; deeth is said to have occurred on the date stated above, at 3 P m.
8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
S. Haue, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  1D. Date deceased last worked at 11. Total time (years)	Date of onset
9. Industry or business in which	Drambo Incumouro
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) spent in this year)  12. Total time (years) spent in this occupation	Chroniel one scordition Courses.
12. BIRTHPLACE (city or town) Wanland	Other Contributory Causes of importance:
(State or country)	acute Condiac Jailars - 10/16/15
13. NAME Deage Washington Brodum	- cure maise failure - 10/16/8
14. BIRTHPLACE (city or town) margland	myrekdeles -?
(State or country)	Neme of operation
15. MAIDEN NAME May Carterine Jonas	What test confirmed diagnosis? Was there an au'opsy? No
15. MAIDEN NAME May Catherine Foras  16. BIRTHPLACE (city or town) Smary and  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
000	where did injury occur?
17. INFORMANT (Address) Lean. md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Conardian and Date Oct. 17 .27	Manner of Injury
Date 001 . 193/	Neture of Injury
19. UNDERTAKER WM C. Mattingly	24. Was disease or injury In any way related to occupation of deceased?
(Address) Tean. md	If so, specify
20. FILED 6 / 17 , 1937 (Careagles	(Signed) Clausius C. Well

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) \_\_

Registrar.

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Example I	İ	Example II	
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Arteriosclerosis C'IVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 3 1037	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FUK	FURTHER	STATEMENTS	BA	PHYSICIAN

1. PLACE OF DEATH	(93-c)	
County of mary	Registration Dist. No. 28 2	
Village or City mens Oct wells Ind	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number)	-
Length of residence in city or town where death occurredmos.	ds. How long in U.S. if of foreign birth?yrsmosd	ls.
2. FULL NAME ann Cicelia Consic	If U. S. Veteran, specify WAR	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Vear)	
59. If married, widowed, or divorced HUSBAND of (or) WIFE of Jon Connection	22. I HEREBY CERTIFY, That I attended degeased fro	m
6. DATE OF BIRTH (month, day, and year) for 7- 1836	I last saw h 12 alive on Seff 1	id
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at	
8/ 9 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	firmers frombour (2)14	2
S. Irada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  S. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc.  10. Date deceased last worked at this recursation (month and	/	
O 10. Date deceased last worked at this occupation (month and 125 spent in this occupation (month and 125 occupation)	Other Cestributory Causes of Importance:	-
12. BIRTHPLACE (city or town) (State or country) A month of month of month of the country)	Ingocardition 1934	4
14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)	Nama of operation	
(State of country)	What test confirmed diagnosis? Was there an autopsy?	
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
State or country) of many to make	Accident, suicide, or homicide? Data of Injury, 19	
17. INFORMANT Judie Gerrich (Address) Inschanseswille Mill	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,	
18. BURIAL, CREMATION, OR REMOVAL Place AT A Service Company (1971)	Manner of injury	
19. UNDERTAKER Down Commentary (Address)	24. Was disease or Injury in any way related to occupation of deceased?	
20. FILE Oct 15-1937 Caccally	(Signed)	D.
Registrar,	(Address)	7.

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Cerebral hemorrhage	July 5,1927	Peritonitis OV 3 1937	3 days ago
The second secon		BUREAU V. S.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE	OF	MARVI	AND-	-CERTIFI	CATE	OF	DEATH
SIAIL	UL	MAKIL	-UNIA	CERIII	CAIL	OF	DEALL

1. PLACE	OF DEATH			<u> </u>		
County_	51. m	ani	)		Registration Dist. No. 2	8-6
Village	or City ave	nik	mel	No	St	Ward
Length of	f residenca in city or town y	where death occurred		death occurred in a hospital or institution	on, give its NAME instead of street a oraign birth?yrs	
	0 +	1 / / / 10	//3	//)		mosas.
2. FULL		10000		Λ	pecify WAR	
(a) Res	idence: No	(Usual place	of abode)	St., Ward.	If nonresident give city or town	and State
	ONAL AND STAT		CULARS	MEDICAL CE	RTIFICATE OF DEATH	1
3. SEX	4. COLOR OR RACI		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	(Month) (Day)	
5e. If married, w	ridowed, or divorcad		8			(1gar)
(or) WIFE	of			22. I HEREBY	CERTIFY, That I attend	ded deceased from
		1101	25	Mud	9 to 25	, 19
7. AGE	TH (month, day, and year) Years Monti		If LESS than	to have occurred on the date stated	above at	(1-); death Is said
V. 7602		ouys	1 dey,	The PRINCIPAL CAUSE OF DEATH		
8. Trade. p	rofession, or particular		ormin.	were as follows:	1	Oate of onset
O kind SAW	orofession, or particular of work done, as SPINNE	R. leve		wilt	1100	
9. Industry	or business in which			6 Cuttin	a and	
SAW	k was done, es SILK MILL, MILL, BANK, etc	11. 7.4.14		Parri	a wood	
Till S	ceased lest workad at occupation (month and	spe	ima (years) nt in this	Prepolant.	Il mo	
	0	P 1 2 2 3	u pation	Othar Contributory Canses of import	ance:	T.
	E (city or town)	1:4	1	Jenli	bevulle	
	Homas o	1 721		hollier	*************	
E	1	11.0		7		
14. BIRTHPI	LACE (city or town)	ul o	<b>(</b>	Neme of operation		
	-1:1	Viales	1 0 /200	What test confirmed diagnosis?		
Ξ		apena	The state of the s	23. If death was due to external ceuse Accident, suicide, or homicide?		
∑ 16. BIRTHPI	LACE (city or town) te or country)	in	0	Where did injury occur?		, 19
17. INFORMANT	sotil Eli	whether	4800	Specify whether injury occurred in I	(Specify city or town, county and NOUSTRY, in HOME, or In PUBLIC	State) PLACE,
(Address	MATION, OR REMOVAL	artan				
Placa	011.	and Octa / D	-26,1937	Manner of Injury		
	11	0 -				
19. UNDERTAKE	40	Wit !	- (1	24. Was disease or injury in any way	related to occupation of deceased?	
20. FILEO / D		n 17/0	1100	(Signad) Robert	V. Palu	w M.D.
20. FILEO.	19.3.	16 V . 1 a	Registrar.	(Address)	me u	

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Chronic interstitial nephritis 1921 Run over by street car 1	
Chronic interstitial nephritis 1921 Run over by street car 1	ate of onset
Cerebral hemorrhage July 5,1927 Peritonitis 3	week ago
	3 days ago
BUREAU	
Other contributory causes of importance:  Other contributory causes of importance:	3 - 1
Gallstones May 1,1923 Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	R STATEMENTS	BY	PHYSICIAN	ľ
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MARGIN RESERVED FOR BINDING

V. S. No. 1

	STATE OF  1. PLACE OF DEATH			
	County Stima	5 '5	Registration Dist. No. 2 £	6
	Village or City a lele	el mel	No. St.	War
	Length of residence in city or town where death or		death occurred in a hospital or institution, give its NAME instead of street and n	
STATE OF	2. FULL NAME Still	1. p	Dack U.S. Veteran specify WAR.	
ı	(a) Residence: No.	Circl	St. Ward.	
	(	Usual place of abode)	If nonresident give city or town and	State
1	PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
l		NGLE, MARRIED, WIDOWED, L DIVORCED (purite the word)	21. DATE OF DEATH	7 5
	5e. If married, widowed, or divorced	Light	(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended of	deceased from
			19, to	, 19
	6. DATE OF BIRTH (month, day, and year)	-11-37	I last saw h alive on	; death is sai
	7. AGE Years Months	Days If LESS than I day,hrs.	to heve occurred on the date stated above, atm.	
		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Data of onsat
	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	one	1 winged rain	
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
-	SAW MILL, BANK, etc.			
1	10. Date deceased last worked at this occupation (month and year)	II. Total time (years) spant In this occupation		
		S	Other Contributory Causes of Importance:	THE ACT
	12. BIRTHPLACE (city or town) (State or country)		July or Julia Care	
	I 13. NAMPlande Desales	Man		
-	13. NAME and by also	nus	Neme of operation	
ı	(Stele of Country)	-dy	What test confirmed diagnosis? Was there an a	utopsy?
ı	15. MAIDEN NAMES uma Velle 16. BIRTHPLACE (city or town). Pal	cea tume	23. If death was due to external causes (VIOLENCE) fill in also the following:	
	o 16. BIRTHPLACE (city or town)Pal	em,	Accident, suicide, or homicide? Date of injury	, 19
ŀ	(State or country)		Where did Injury occur? (Specify city or town, county and State	
	17. INFORMANT Caude Su Sul	- Mais	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	ČE.
ŀ	(Address)  18. BURIAL, CREMATION, OR REMOVAL	und		
	Place Socied Me and Date	10-12-193>	Manner of injury	
Acres des	H121. P.: 0001	1. There are	Nature of injury	
	19. UNDERTAKER (Address) (Address)	3 will	24. Was disease or injury in any way related to occupation of deceased?	
	20. FILED / P - 1 2 192 M. V. P2	luv	(Signed) Tobul V. Vacuum	. м г
	20. FILED / Je			4

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	2324diipico.
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis (1997)	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

mation should be carefully supplied.

V. S. No. 1

TION is very important.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

11148

1. PLACE OF DEATH	(19)
County St Mary,	Registration Dist. No. 264
Village or City M - clarescielo (IF	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mobert Stacilar	Hoeksi U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("price the word)  Sugges	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  May 22	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I lest sew h
7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at load m,  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this spent in this	· auci Cale a velly
O 10. Date deceased last worked at this occupation (month and year)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Duge Holh.	`*************************************
13. NAME Successfully 14. BIRTHPLACE (city or town) 54 May 64	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Quee . Hoely 16. BIRTHPLACE (city or town) . St. Mary Co. (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFDRMANT Meghanicscelle	Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Date Date 193	Manner of injury
19. UNDERTAKER & Malling G. (Address) / Michael Control of the Charles of the Cha	24. Was disease or injury In any way related to occupation of deceased?
20. FILED CIL 160, 1937 Lean Scotting.  Registrar.	(Signed) (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	U. I
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH 11143
1. PLACE OF DEATH	210-m 593-
County All June 1	Registration Dist. No.
Village or City Mr / May Wall	No. St., Ward
	death ocurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME (MMA) Wal Tulken	Tow
(a) Residence: No. / LLW (Lement)	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE OR DIVORCED X write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If married, widowed, or divorced HUSBAND of	, , , , , , , , , , , , , , , , , , ,
(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) MA 15 - 1920	I last saw h. M. alive on W. 27 1947 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
17 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, W WOWW	Son lunomotell adelates
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	The AAAMAA OMUSI DUVILLUM
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
O 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	R X 200 G 1 (GSENGAL NEMETHROUS)
12. BIRTHPLACE (city or town) IMAICHTEN	Other Contributory Cause of importance:
(State or country)	f
13. NAME JUM HUM MARENON	
13. NAME THE 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME ON STANDARD AND SALES OF THE	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) All My and	Accident, suicide, or homicide? Welling Date of Injury 10 21 19 21
State or country)	Where did injury occur? NUM NUMMANN
17. INFORMANT JUM JUMENUM	(Specify or town, county and State) Specify yelether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) (AMA) (All 18. BURIAL, CHÉMATION, OR REMOVAL	Stally lightly by
Place Dalla Mana Date 1129 1937	Manner of injury WWW WWW
STIM TO MISTIMO P.	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 11.29 1937 A-13 STUMMEN	(Signed) M. D. M. D.
Registrar.	(Address) AMMA (aMMA)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

44410

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

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Example I			Example II		
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	NOV 4 100	1927	Run over by street car	1 week ago	
Cerebral hemorrhage	V.	July 5, 1927	Peritonitis	3 days ago	
	BUREAU				
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County St many Registration Dist. No. 281 Village or City\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city or town where death occurred How long in U.S. If of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos. If U. S. Veteran, specify WAR\_\_\_\_\_ (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of I HEREBY C ERTIFY That I attanded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS then 8 1 dey.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. were es follows: Date of onset 8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc..... 10. Data daceased last worked at 11. Total time (yaars) this occupation (month and spent in this m year) ULA occupation .... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). Name of operation. (Stata or country) What test confirmed diagnosis? ..... Was there an autopsy?... MOTHER 15. MAIDEN NAME 23. If death was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?\_\_\_\_\_ Data of Injury\_\_\_\_ 16. BIRTHPLACE (city or town). (State or country) Where did injury occur? ... (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT. (Address) 18. BURIAL CREMATION, DR REMOVAL Mannar of Injury Nature of Injury 24. Was diseasa or Injury In any wey ralated to occupetion of deceased? 19. UNDERTAKER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify (Signed).

(Address) Stand

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 8 1937	July 5,1927	Peritonitis	3 days ago
11 12 11 1 9	R ,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	CERTIFICATE OF DEATH 11151
county et. many.	Pogistration Diet No. 120
Village or City Charlotte Hall -	Registration Dist. No.
9" " "/	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME William Stade	
(a) Residence: No. Charlatte Hall ma	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR. OR. RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH OUT 23
	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIEE of Lection Shade	22. I HEREBY CERTIFY, That I attended deceased from
dellan Brade	Get 23 1937 to act 23, 1937
6. DATE OF BIRTH (month, day, and year) June 30 - 1886	I last saw h Am alive on a + 2 3 ,1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5m.
65 3 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Data of onset
SAWYER, BOOKKEEPER, etc.	Cummian Februario
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spant in this year)	
12. BIRTHPLACE (city or town) - Many Jana	Other Contributory Causes of Importance:
(State or country)	Cheanic myocardelis 3
13. NAME Thomas Shade	" article Lyne terrior
13. NAME Thomas Shall 14. BIRTHPLACE (city or town) Manyland	
(State or country)	What test confirmed diagnosis? Was there an au'opsymu
I 15. MAIDEN NAME Margaret Ford	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME War and Ford  16. BIRTHPLACE (city or town) War land	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT Jalin Shades	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Budd's Cuch -	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sugantorn Md Date Oct 23, 193/	Nature of injury
19. UNDERTAKER Elmer R Recade	24. Was disease or injury in any way related to occupation of deceased?
(Address) Thegherule ma	If so, specify
20. FILED Del 24 1997 Leone & O Phoson	(Signed) Warns & Welch M. D.
Registrar.	(Address) Chaplico ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balismore, Requesting V.S. No. 1.

STATE OF MADVIAND\_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I VED		Example II	
The principal cause of death and related causes of importance were as follows: 5 1937  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
			1 week ago
Chronic interstitial nephritis : 1924 [] V	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year


20

Registration Dist. No. 282
NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
ds. How long in U.S. if of foreign birth?yrsmos,ds.
MOW If U. S. Veteran, specify WAR
St., Ward.  If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH Och. 70 ,193 9 (Month) (Oay) (Year)
I HEREBY CERTLEY, That I attended deceased from  1937 to Oct 20 , 1937  Vlast saw half alive on Oct 19 , 1937; death is said
to have occurred on the date stated ebova, at
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Davening of Moule
Other Contributory Canses of Importance:
Name of operation
What test confirmed diegnosis? Was there an eutopsy? Zd-O
23. If daeth was dua to external causes (VIOLENCE) fill in elso the following:
Accident, suicide, or homicide? Date of Injury, 19
Whare did Injury occur?
(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of Injury
Nature of Injury
24. Was diseesa or injury In any way related to occupation of deceased?
If so, spacify
(Signed) / Aguil ( ). Oberealle MID.
(Addrass) - Suachford

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	()	Example II	
of importance were a		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 3 LUI	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUI	THER STATEMENTS	BY	PHYSICIAN
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BINDIN

RESERVED

MARGIN

Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
NOV 3 1937				
Other contributors causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS I	$\mathbf{BY}$	PHYSICIAN
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MARGIN RESERVED FOR BINDING

B.—WRITE PLAN

-0	- 48	-41	Box	
E	1	-7	5	1
J.	1	A	2.3	25

1. PLACE OF DEATH		117		~ /
County . Mary	'a		Registration Dist. No. 2	8/
Village or City Galufatz	nice.	No. death occurred in a hospital or institution	St.,	War
Length of residence in city or town where deeth		/.8ds. How long in U, S. If of t		
2. FULL NAME Marie	annet Th	supsettos. Veteran, s	pecify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or town	and State
PERSONAL AND STATISTICA		MEDICAL CE	RTIFICATE OF DEAT	Н
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurite tha word)	21. DATE OF DEATH	Oct 4 (Month) (Day)	, 193 7 (Year)
5e. If married, widowed, or divorced HUSBAND of				(1001)
(or) WIFE of		22. HEREBY	CERTIFY, That I atten	ided deceesed from 4_, 1937
6. DATE OF BIRTH (month, day, end year)	ry 16 1937	I last saw h alive on	Oct 2,193	; deeth Is s
7. AGE Years Months	Days If LESS than	to hava occurred on tha deta steted		
4	/ 8   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH wera es follows:	end related ceuses of Importance	Date of one
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	none	90		0/1/20
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		ous-cou	11.5	7/1/37
10. Dete deceesed last worked at this occupation (month and year)	11. Totel tima (yeers) spent in this occupation			
12. BIRTHPLACE (city or town) Galafo- (Stete or country)	rsnip	Other Contributory Causes of Import	ance:	
	Byd.			
T M	mongson		P. 1.	
(Stata or country)	mag	Name of operation		
15. MAIDEN NAME COM EL	is beth Don't	23. If death was due to external cause		
15. MAIDEN NAME AND ELLER STATE OF THE STATE	Janua 1	Accident, suicida, or homicide?		
(Stata or country)	Tord	Where did injury occur?	/0	10
17. INFORMANT ames TV.0	Thompson	Specify whether Injury occurred in	(Specify city or town, county and INDUSTRY, in HOME, or in PUBLI	C PLACE,
18. BURIAL, CREMATION, OR REMOVAL Plece St. Nicholas Gung	page Oct. 6 1937	Menner of Injury		
19. UNDERTAKER	inform	24. Wes diseese or Injury in eny we	reletad to occupation of daceasad	
20. FILED DOF. 44, 19 3 3	P.D. Beau M. Registrat.	(Signed) (Address) Ane	Gy Be	an M

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Example I		Example II		
The principal cause of death and related cause of importance were as follows:  Arteriosclerosis NOV 8 1937	to be considered by	The principal cause of death and related causes of importance were as follows:		
Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago	
	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Length of rasidenca in city or town where deeth occurred. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or perticular NO kind of work done, as SPINNER. SAWYER, BOOKKEEPER, atc. 4.11 OCCUPAT 9: Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, atc..... 10. Date decaasad last worked et 11. Total time (yaars) this occupation (month end spent in this occupation \_\_\_\_ 12. BIRTHPLACE (city or town) Ochlace (Stete or country) FATHER 13. NAME 14. BIRTHPLACE (city of Name of operation (State or country) What test confirmed diagnosis?. ----- Was there an autopsy?\_ MOTHER 23. If deeth was due to external causes (VIOLENCE) fill in also tha following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of Injury (State or country) Where did injury occur?... (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury. 19. UNDERTAKER 24. Was disaese or injury in any way related to occupation of dacaased? (Address) If so, specify. (Signad). Registrar. (Address) If more blanks are heeded, address State Registrar, 241x N. Charles Street, Baltimore, Requesting V. S. No. z.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	